



ROSTER - LAW ENFORCEMENT TRAINING

STATE FORM 46167 (8-93)



PLEASE TYPE OR PRINT CLEARLY

PROVIDER OR INSTRUCTOR	TELEPHONE NUMBER
LOCATION OF TRAINING	CONTACT PERSON AT TRAINING SITE
COURSE TITLE	PRIMARY INSTRUCTOR
<input type="checkbox"/> SUCCESSFULLY COMPLETED <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> FAILED <input type="checkbox"/> OTHER _____	

I AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED _____ PRINTED NAME _____ DATE ____ - ____ - ____

TRAINING DATE(S)
MM - DD - YY / MM - DD - YY

PROVIDER OR INSTRUCTOR
NUMBER

COURSE NUMBER

INSERVICE
CREDIT

____ / ____ _____ _____ _____ HRS

LAST NAME	FIRST NAME	MIDDLE NAME	DEPARTMENT NAME
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			